In this paper the author presents a conceptualization of positive health (high-level wellness) and indicates the ways in which he thinks it might be used for research in this area.

HIGH-LEVEL WELLNESS FOR MAN AND SOCIETY

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The awakened interest of public health circles in full-time local health departments and in the family and community programs of health maintenance is an indication that health workers are becoming more "health oriented." This shift in emphasis is in accord with the frequently quoted fundamental objective expressed in the Constitution of the World Health Organization, "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity."

To most of us, this concept of positive health is "seen through a glass darkly," because our eyes have been so long turned in a different direction, concentrating fixedly on disease and death. When we take time to turn our gaze in the opposite direction, focusing intently on the condition termed good health, we see that wellness is not just a single amorphous condition, but rather that it is a complex state made up of overlapping levels of wellness. As we come to know how to recognize these levels objectively, more or less as we now diagnose one disease from another, we will realize that the state of being well is not a relatively flat, uninteresting area of "unsickness" but is rather a fascinating and ever-changing panorama of life itself, inviting exploration of its every dimension.

It is my thesis, therefore, that both medicine and public health must undertake a multiple and thoroughgoing exploration of the factors responsible for good health. Without prejudice to the importance or the continuation and support of existing medical and health programs involving preventive, curative, or rehabilitative research and activities, it seems clear that many of today's and tomorrow's problems call for the stimulation and development of a new major axis of interest directed toward positive health—one strong enough to activate physicians, health workers, and others in devoting a substantial segment of their time, resources, and creative energies toward understanding and cultivating good health in a positive sense.

Why a New Health Axis Is Needed

The need for this new axis of interest is rooted in the changing demographic, social, economic, and political character of civilization. These changes are well known, although their significance is usually not fully appreciated. They might be summarized thus:

1. It is a shrinking world. Communication time has shrunk to the vanishing point. Knowledge of events can span the world in seconds and can be known to the masses in a matter of hours. Travel time from the farthermost reaches of the earth has diminished from years and months to a matter of days and hours.
2. *It is a crowded world.* Turned loose in an all-out assault upon disease and death, the medical and health sciences have brought about generally falling death rates without a corresponding reduction in birth rates. The consequent “epidemic” of population growth has reached towering proportions in many parts of the world and brings with it new health problems arising from population pressures and the scarcities of materials and living space.

3. *It is an older world,* in terms of its people, productivity, and resources. A consequence of the revolution brought about by the health sciences is that relatively more people live to an older age. The per capita demand for the output of the economic and productive machinery is steadily advancing. Consequently, it is probably a fallacy for us to assume, as so many of us have done, that an expansion in scientific knowledge can indefinitely counterbalance the rapidly dwindling natural resources of the globe.

4. *It is a world of mounting tensions.* The tempo of modern life and its demands on the human being and his society are steadily increasing with no corresponding readjustment and strengthening of the inner man and the fabric of his social organizations.

Due to these four factors among others, the problems which face the medical and public health professions have changed character drastically in the last few decades. Chronic illness and mental disease are far more prevalent. A great range of neurotic and functional illnesses, which seldom destroy life but which interfere with living a productive and full life, are on the increase.

The preventive path of the future, both for medicine and public health, inevitably lies largely in reorienting a substantial amount of interest and energy toward raising the general levels of wellness among all peoples. This calls for spelling out in objective terms what high-level wellness actually means for the individual, the family, and the social structure.

**The Health Grid**

In order to concretize the goal of high-level wellness, it is essential to shift from considering sickness and wellness as a dichotomy toward thinking of disease and health as a graduated scale. For the purposes of this paper, this scale is conceptualized as one axis of a “health grid” (Figure 1). The health grid is made up of (1) the health axis, (2) the environmental axis, and (3) the resulting health and wellness quadrants, that is, (a) poor health in an unfavorable environment, (b) protected poor health in a favorable environment, (c) emergent high-level wellness in an unfavorable environment, and (d) high-level wellness in a favorable environment. The environmental axis includes not only the physical and biological factors of the environment but also socioeconomic components affecting the health of the individual. The health axis ranges from death at the left extremity to “peak wellness” at the right. The area in between the extremes proceeds through serious and minor illnesses into the area of positive health or freedom from illness. Thereafter, it moves into an area of good health at present largely uncharted and undifferentiated, toward a goal as yet but dimly perceived which is indicated as peak wellness. This goal represents the extreme opposite of death, that is, performance at full potential in accordance with the individual’s age and makeup. To make effective headway toward this goal, we need to crystallize our concept of what the goal is, not only for the individual but also for the family, the community, and society generally.

Since the nature of this goal is ever changing and ever expanding, we will probably never reach it in absolute
terms; but we can come to know and appreciate its essential characteristics in relative terms. As the goal, at first seen far above us, becomes clearer and stirs response from deep within us, we will reach out toward it and fight for high-level wellness even as we have fought so valiantly and so long against sickness and death.

The Spirit of Man

Although this goal can be seen but dimly from our present level of knowledge, one element of certainty which emerges in clear relief is that we can no longer ignore the spirit of man as a factor in our medical and health disciplines. Many of us, as physicians and health workers, have become increasingly dissatisfied with our disciplines, which are designed as though the sum total of our concern is for the body and the mind of man, leaving to metaphysics and religion the affairs of the spirit. As if we could divide the sum total of man thus! If we are to move in the direction of high-level wellness for man and society, we cannot ignore the spirit of man in any discipline. In fact, the essence of the task ahead might well be to fashion a rational bridge between the biological nature of man and the spirit of man—the spirit being that intangible something that transcends physiology and psychology.

The spirit of man stems largely from within him. Consequently, we must find ways of making him more aware of his own inner world through which he con-
ceptualizes and interprets his perceptions of the outer world. This will bring us inevitably, sooner or later, into the arenas of social and religious affairs and into a multitude of controversial issues.

For most of us reared in the Western culture, a deep cleavage exists between the realm of the spirit and that of the body. Consequently, we have tended to subdivide the study of man into three major areas—the body, primarily the concern of the physician; the mind, largely the concern of the educator, psychologist, and psychiatrist; and the spirit, entrusted to the custody of the religious preceptors. Similarly, we have been inclined to consign the development and maintenance of man’s physical, social, and economic environment largely to economic and political leaders.

This fragmentation of man into areas over which various groups struggle to maintain their jurisdiction appears to be nonsensical, since it tends to defeat the purposes of each group, which strives for the enrichment and fulfillment of that particular segment of man’s nature over which it undertakes to maintain jurisdiction. Harmony between jurisdictions can come to pass only when each special interest group realizes that it does not and cannot have a monopoly over a particular area of the nature of man. Harmony will result when the fact is faced that man is a physical, mental, and spiritual unity—a unity which is constantly undergoing a process of growth and adjustment within a continually changing physical, biological, social, and cultural environment.

It is natural that the religious leader, for example, express his particular concern for the spirit of man, but this should not lead him to ignore the body and mind of man or the environment in which man lives, since all these elements affect the well-being of the spirit. Nor should it lead him to the exercise of a monopoly over the spirit of man. The physician, on his part, must take into account spiritual as well as physical considerations if he is to do an effective job of helping his patient toward good health of body and mind. For no person can be well physically if he is sick spiritually.

It is natural for each group competent in a special field of knowledge to approach the study and care of the well-being of man from its own particular point of vantage, but this must not preclude considerations of the unity of man as a whole living within a constantly changing total environment. High-level wellness can never be achieved in fragments, ignoring the unity of the whole.

To the study of man as a unity living within a total environment, the fields of medicine and health have much to offer. To adventure along this pathway of study and responsibility calls for the creation of methods by means of which various levels of wellness can be recognized objectively. Since this proposal has been developed more fully elsewhere,¹ it suffices here to say that, from the standpoints of medicine and health, the principal disciplines contributing to such a science will probably be biochemistry, physiology, and psychology.

The types of questions needing answer are: How do we distinguish and classify degrees or levels of wellness? What are the effects of age, sex, and race on these levels? In what ways can we recognize a particular level in and of itself so as to be reasonably sure we are dealing with a homogeneous group?

If an objective yardstick of wellness can be calibrated in biochemical, physiological, and psychological terms, it would soon become a powerful new tool for the physician, enabling him to recognize low-level wellness and to develop therapies to raise lower levels to higher ones.

If and when it becomes possible to differentiate between levels of wellness, all the indexes now available to us in the measurement of disease and death will become available to us in the area of positive health.
Wellness levels would then become susceptible to measurement in terms of prevalence rates much in the same way we now measure morbidity. Furthermore, we should be able ultimately to calculate the frequency constants of such measurements, correlating them with related social and economic phenomena.

Steps Which Can Be Taken To Quantify Positive Health

Even though such diagnoses of levels of wellness are not now available, much can be done to quantify positive health, for example:

1. Effect refinements in incidence and prevalence rates to demarcate more clearly the area of positive health from that of illness and disability.

2. Develop susceptibility indexes through the use of biochemical and functional tests to differentiate groups of persons most susceptible to specific diseases and conditions.

3. Establish precursors-of-disease indexes, closely related to the foregoing and designed to show variations from the normal.

4. Select groups of people who are disease-free and who are making full use of their talents, capacities, and potentialities; then measure them by biochemical, functional, and psychological tests to establish the characteristics of those enjoying a high level of wellness. Such groups would need to be selected so as to be representative of the various ages, sexes, and racial combinations.

Possibilities of measuring levels of wellness in the family have been set forth elsewhere. They involve special studies aimed at obtaining answers to four major areas of assessment: (1) What are the day-to-day functional and emotional interrelationships of the family members? (2) What activities occupy the family and its members? (3) What values are important to the family and its members? (4) To what degree does the illness or wellness of a family member reflect the health status of the family as a unit?

It is worth pointing out that, if and when it becomes possible to diagnose levels of wellness in the individual, a very great advantage will accrue to social science technics. For instance, the researcher trying to evaluate the effect of different types of community life on the family or on the individual could select a sample of individuals and measure the effect on their levels of wellness of varying community conditions.

Once the concept of high-level wellness as a health goal has been crystallized and enriched by many minds contributing to it from their own points of reference, the battle for wellness in man and society will be joined. There must be many points of engagement if the battle is to be won.

Know Thyself

It is the author’s view that the central bastion to be conquered involves teaching people how to “know themselves.” Psychology tells us through laboratory demonstrations that our perceptions of the outer world are indissolubly linked with the concepts and emotions fixed in our minds and body tissues. Without a knowledge of one’s inner self, understanding of the outer world cannot have breadth and depth. A mind tortured with prejudice, hate, and fear projects itself in distorted human relationships.

Although psychiatrists have done much to relieve the twisted minds of the mentally ill, little has been undertaken to help ordinary people, classified as “well,” to know themselves and thus become better balanced and able to meet their daily problems more adequately. How much of the demand for sleeping pills, alcohol, and tranquilizers is due to this deep-felt need?

It will not be easy to help some adults achieve a better understanding of self.
In fact, it is quite likely that the majority of people are fleeing from a deeper knowledge of themselves. With the very young, the task will be less difficult.

Since the personality of the child is largely formed in the preschool years, we must find ways to teach parents the importance of this inner world and how best to guide and nurture the child in his plastic early years, so that he may later be capable of high-level wellness and reach a mature and secure adulthood.

This process calls for the exercise of maturity and wisdom in addition to all the guidance that science can bring to bear. Growing children need broad and diverse opportunities for self-realization. Contact of the child with a wise and mature mind during this period offers one of the best means by which insight may be gained into family and social values and objectives. Maturity and wisdom must be made available to the growing infant and child in order to encourage, temper, and season his explorings and adventurings of self.

Resources of Wisdom and Maturity

Untapped resources of wisdom and maturity are available to the nation among its retired people. Persons no longer active in their careers, but who have lived rich, full lives, acquiring wisdom and maturity in the process, might become part-time companions and counselors to our children, particularly in the case of the gifted child who feels lost without intellectual supplementation of his normal family and school life. Let us call on retired persons of special competence and in good health to return to active life within the community. Let us ask them to help with the children who need extra intellectual stimulus and wise understanding. Let us ask the best qualified of them to serve as advisers to the “sick” family and as special custodians of the culture of the group, so to speak. The community needs them and they need the community.

Creative Expression

In the fight for high-level wellness, action to enhance the importance of creative expression in our culture is a must. Creative expression is a most important element in the bridge between the biological nature of man and the spirit of man. The creative spirit resides within every living person. It can be kindled in any man, woman, or child. “What is the creative spirit?” you ask. At one time, I defined it as “an expression of self, adventuring into the unknown in search for universal truth.” However defined, we need to value it highly and nurture it well, since man’s position of dominance in the world stems more directly from this quality than from all others.

Man finds discovery both absorbing and satisfying. With creative expression comes intense inner satisfaction. At the same time, it permits man to contribute of himself to the social group and thus form bonds with his fellow man of love, trust, and security. Creative expression and love of one’s fellows satisfy deep psychological and emotional needs in our inner world and simultaneously are radiated outward to bring us to the fullness of life of which man is capable.

When we learn how to diagnose high-level wellness through objective measures, we shall probably find that a substantial amount of creative expression, altruism, and love in daily life is essential for the approach to a high state of well-being. Through the development and application of these values in daily life, we will achieve self-confidence and faith in ourselves. This in turn will bring growth of self, development toward fuller maturity, and a balanced wellness of body, mind, and spirit.

The goal of high-level wellness for man and society can be achieved, though
not easily. The needs are for a clear-cut concept and dedication to it; for money and research; for understanding, courage, and a reassessment of basic values; for a positive orientation toward life and society. We must dare to dream, "dreams are the seedlings of realities."


This paper was presented before the Second General Session of the Ninth Annual Meeting of the Middle States Public Health Association in Milwaukee, Wis., April 29, 1958. This address was also presented in part before the Statistics Section of the American Public Health Association at the Eighty-Sixth Annual Meeting in St. Louis, Mo., October 30, 1958.

REFERENCES


Training in APHA Housing Technic at Yale

The Department of Public Health in Yale University’s School of Medicine, New Haven, Conn., and the Communicable Disease Center are cosponsoring a course and a seminar on housing and hygiene.

The entire program, June 22-July 24, on “APHA Housing Quality Appraisal Technique” is concerned with hygiene of housing programs. It is designed for health officials, housing and planning personnel, other administrators, and university faculty.

The first three weeks consist of “a concentrated version of the Housing Quality Technique developed by the American Public Health Association.” Those who attend will be issued the APHA copyrighted forms.

Although the five-week training is considered an integral program of the final two weeks, July 13-24, a “Seminar on Administration of Hygiene of Housing Programs in Urban Renewal” is open to others in addition to those not enrolled for the earlier course. This group will not receive the copyrighted forms, but if they have had no previous training in the technic will receive a packet of orientation literature prior to the course.

There is no charge for the training. Students make their own arrangements for meeting travel and living costs.

Further information and application forms from: Housing Hygiene Seminar Coordinator, Department of Public Health, 310 Cedar St., New Haven, Conn.